



# The Journal

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September 25, 2014

## NSAB Security Forces Feel the Burn During Training



Photo by Julie Smith

**Army medic Private 1st Class Patrick Swink is sprayed with oleoresin capsicum, commonly known as pepper spray, during NSAB Auxiliary Security Force training Sept. 17.**

**By Julie Smith**  
**NSAB Public Affairs**  
**staff writer**

About a dozen Naval Support Activity Bethesda (NSAB) Auxiliary Security Force (ASF) personnel in training took part in a Sept. 17 exercise to understand the impact of oleoresin capsicum, commonly known as pepper spray.

The participants were willingly sprayed in the eyes with the chemical agent to grasp its physical response, which includes temporary blindness, a burning sensation on the skin, coughing and a runny nose.

"The purpose of the training is so they know what it feels like when they spray someone else," Master at Arms 1st Class George Sangriu said. "Any time you spray someone

else, you most likely get some on yourself, so you have to know what that's like and still be able to subdue the subject."

After being sprayed, the participants proceeded through an obstacle course involving other security force personnel acting as unlawful subjects. The participants were required to subdue a subject with handcuffs and fight off attackers with a baton, all while battling the effects of the pepper spray. Medical assistance stood by to treat the participants after they completed the obstacle course.

"It's like your head is on fire," Hospitalman Sean Stonebreaker stated at the conclusion of the course. "Now that I can open my eyes, I'm good but my face is burning. Now I know how bad it feels."

NSAB's ASF is the largest throughout Naval District Washington and is used in cases of emergencies, heightened force protection or when extra security is needed for events or visits to the installation by dignitaries, Sangriu explained. An ASF class usually occurs once a quarter at NSAB, but Sangriu has been leading one training per month since March.

"We're constantly working to refresh our strength," he added.

The training class consists of one week of classroom time and two weeks of non-lethal weapons training where trainees learn take-down techniques, self-defense strategies and how to apply handcuffs. Participants must also qualify on a

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## Putting Disaster Preparedness Plans into Practice

**By Ron Kunz**  
**NSAB Emergency**  
**Management Officer**

*Information compiled from fema.gov website*

To begin, I'd like to thank the staffs of the American Red Cross, the Fleet and Family Support Center and The Journal for their hard work to provide disaster preparedness information to all of us this month, which will help us reach our goal to "Be Disaster Aware, Take Action to Prepare."

Throughout the month of September, which is National Preparedness Month, information has

been made available here in The Journal, on Naval Support Activity Bethesda's (NSAB) Facebook page (<https://www.facebook.com/NSA-Bethesda>) and through a variety of disaster preparedness websites such as [www.ready.gov](http://www.ready.gov), [www.ready.navy.mil](http://www.ready.navy.mil) and [www.fema.gov](http://www.fema.gov). It's important to utilize these to plan and prepare for a variety of emergency situations. Now that the month is coming to a close, it's time to apply what we've learned – and to remember that this information and these resources can be used year-round.

The following informa-

tion is intended to summarize, refresh or supplement what we've learned about disaster preparedness throughout September.

When planning for a disaster or emergency, take into consideration your family's unique needs so that everyone will know what role they have during an event. Once you have a plan, you can build a toolkit so you will have the supplies you and your family need in the event you don't have power or water, or if the communication network goes down.

Prepare now in the event of an evacuation.

Evacuations are more common than many people realize. Fires and floods cause evacuations most frequently across the U.S. and almost every year, people along coastlines evacuate as hurricanes approach. In addition, hundreds of times a year, transportation and industrial accidents release harmful substances, forcing many people to leave their homes. In some circumstances, local officials decide that the hazards are serious and require mandatory evacuations. In others, evacuations are advised or households decide to evacuate to avoid situ-

ations they believe are potentially dangerous. When community evacuations become necessary, local officials provide information to the public through the media. In some circumstances, other warning methods, such as sirens, text alerts, emails or telephone calls are used. On NSAB, we use the Everbridge mass notification and the outdoor "Giant Voice" systems.

The amount of time you have to leave will depend on the hazard. If the event is a weather condition, such as a hurricane, you might have a day or two to get ready.

However, many disasters allow no time for people to gather even the most basic necessities, which is why planning ahead is essential. Plan how you will assemble your family and supplies and anticipate where you will go for different situations. Choose several destinations in different directions so you have options in an emergency and know the evacuation routes to get to those destinations. The following possible situations have some useful tips to prepare for certain emergencies that might come up in our lives.

See **PLAN** page 7



# Commander's Column

Last March I provided a construction update for key projects aboard Naval Support Activity Bethesda. Many of those projects have been completed and new/continuation projects have begun, so it's time for another update.

Sanctuary Hall (Building 64) and its accompanying parking structure (Building 65) are located on Taylor Road, northeast of Building 17. This project was completed and a ribbon cutting ceremony held, August 18, 2014. The current use for the facility is as a transient wounded warrior lodging facility. It has been determined that the facility will be transitioned in to a Navy Gateway Inns and Suites beginning January 2015 with a complete transition by October 2015. This transition will allow for increased support to Installation tenant missions. The 137,000 square-foot facility features 125 studio and 37 two-bedroom suites. The building 68 parking structure has 470 spaces to support Sanctuary Hall and tenant parking.

The Child Development Center (CDC) expanded with the construction of two new buildings. The new CDC Building 87 accommodates 300 children, ages six weeks to five years old, and features amenities like radiant heated floors, energy efficient lighting and heating, and an expanded play area. The Continuous Child Care Facility (CCCCF), Building 88, is designed to provide 24/7 child and can accommodate 20 children from six weeks up to age 12. The concept of the CCCC is to seek to combine the strengths of in-home-style care with those of center-based care. This facility is the only 24/7 location within the Naval District Washington and one of only a few CDCs in the Department of Defense authorized and qualified to do so. Finally, with completion of the renovation to the original CDC Building 26, the total CDC capability will now accommodate up to 298 children, 6 weeks to 5 years old.

The USO Warrior and Family Center Bethesda (Building 83) is located on Taylor Road very near Sanctuary Hall, and conveniently and strategically between Tranquility and Sanctuary Halls. This facility is more than 16,000 square feet in size and divided into three specific zones. The first zone is Recreation and Normalcy. It features a fireside lounge, kitchen, and dining area, grill



and patio area, and a combination sports lounge and gaming center. The second zone is Respite, which provides a place of quiet contemplation and retreat. Respite includes a therapeutic enrichment studio, quiet seating zones, and serene landscape area and meditation garden with a waterfall feature. The final zone is Education and Work, and features a life enrichment class-

room, business center, and a community room. This building is dedicated to the late Prescott Bush, father of George H. W. Bush and grandfather of George W. Bush, for his support to the USO as the Chair of the USO National Campaign during World War II, helping raise \$34 million in 1942. From his time with the USO beginning in 1941, Mr. Bush raised more than \$210 million for the USO, which translated into today's dollars, is roughly \$2.6 billion. Since its completion and ribbon cutting in April, the USO Bethesda has become a focal point for the NSAB installation and community, with a host of regularly occurring events and visits by national and local sports teams, celebrities, and organizations. These events serve as another venue of respite for our wounded warriors, active duty and reserve service members, and their families.

The Comfort and Solace Hall Buildings (Buildings 60 and 61) are having their exterior surfaced/skin replaced in addition to window replacement. Comfort Hall (Building 60) has been completed and Solace Hall (Building 61) renovations have begun on the East Wing with completion scheduled for May, 2016. This project is being done to improve energy efficiency and to align the exterior appearance with that of the NSA Bethesda historical district architecture.

Construction aboard Naval Support Activity Bethesda continues, and there are a number of additional projects planned in the near future and out to approximately 2022. I will continue to provide updates on new projects as they approach, as well as existing projects as they progress.

Thank you for what you do every day.

**All ahead flank,  
Capt. David A. Bitonti  
Commanding Officer  
Naval Support Activity Bethesda**

## Bethesda Notebook

### Code Green Exercise Today

Walter Reed Bethesda will conduct a command-wide Code Green/Mass Casualty Response Drill today to test notification, staff response, and mass casualty station activation and set-up procedures. There will be minimal impact to hospital operations. No casualties will be received or moved during this drill. For more information, contact Melissa Knapp at [melissa.h.knapp2.civ@mail.mil](mailto:melissa.h.knapp2.civ@mail.mil).

### Physical Readiness Training

Time is approaching for the Navy Physical Fitness Assessment (PFA) at Walter Reed Bethesda. Navy command weigh-ins/body composition assessments will be conducted Oct. 6 through Oct. 17 from 7:30 a.m. to 3 p.m. in Building 9, first floor mezzanine. Testing for Sailors will be scheduled by directorate and conducted from Oct. 20 through Nov. 14. All Sailors must complete their weigh-in prior to scheduling their test. Also, the semi-annual Army Physical Fitness Test (APFT) will be from Oct. 6 through Oct. 31. Height and weight checks will be conducted in the Troop Command building (147) Monday through Thursday from 8 a.m. to 3 p.m., and Friday from 8 a.m. to noon, and must be accomplished within 14 days of your APFT. Soldiers with a permanent profile must produce a copy to the non-commissioned officer-in-charge on the day of testing. For more information, call the Walter Reed Bethesda Physical Readiness Training office at 301-295-5502.

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## Suicide Awareness Month

# 'One Loss is One Too Many'

By Sharon Renee Taylor  
WRNMMC Public Affairs  
staff writer

The loss of one service member to suicide is one too many, according to the Department of Defense (DOD). Preventing suicide is a top priority for the nation's military force.

During a recent interview, Army Col. Brett Schneider, psychiatrist and director of Behavioral Health at Walter Reed National Military Medical Center, and Navy Cmdr. Brice Goodwin, deputy director, reviewed recent statistics, risk factors, warning signs and how conversation can save a life. The two also named resources available at the medical center to those at risk for suicide, including the command chaplain's office, which takes the lead in suicide prevention training.

The DOD quarterly suicide report for the fourth quarter of calendar year 2013 indicates a decrease in active duty suicides from 2012, which showed an annual suicide rate of 22.7 suicides per 100,000 service members. In 2013, the number dropped to 18.7 suicides per 100,000 service members. The Marine Corps displayed the highest annual rate per 100,000 service members in 2013 with 23.1, followed by the Army at 23.0, the Air Force at 14.4 and the Navy with 13.4.

Schneider explained the Army initiated an Army-wide health promotion and risk-reduction suicide prevention campaign in 2009 because of increased numbers. "This included getting commanders more involved in the care of their Soldiers," he said.

The Navy launched a year-long engagement beginning this month with the theme 'Every Sailor, Every Day.'

"What they've done is work to push it down to line commanders, to be able to reduce stigma," Goodwin said. According to the Navy commander, this is to put people at ease, reaching out and speaking to a peer before things get overwhelming.

Things that put people at risk for suicide in the short term typically are things that disrupt connectedness with other people, cause great shame, or things that allow people to be more impulsive, Schneider explained. He added this could include psychiatric and substance abuse disorders or just a lack of caring anymore that would make them do something contrary to how they might normally act.

In the military, the most common reason for someone to attempt suicide is a failed relationship, he said. "If you have a failed romantic relationship or if you've lost your job, and feel shamed about that, add on alcohol, drugs or a psychiatric disorder that causes people to be impulsive – that's usually the recipe for the person at risk to actually act," Schneider said. "Particularly when you get the younger population," Goodwin added.

What are some of the warning signs of suicide? Suicidal behavior can be very

subtle, Goodwin said. The clinical psychologist explained giving away valuables, not sleeping well, making statements about things not being worth it, comments indicating hopelessness, helplessness or risk-taking behavior may indicate an individual may need formal mental health assessment. Access to lethal means like guns is also an issue for the military, Schneider added.

The two offered three things we can do to be there for ourselves or others, every day to prevent suicide.

One, stay connected. Helping people to connect to their support systems is the number one thing that you can do for people who are at risk for suicide. Two, help them to manage the potential shame that they may have about feeling this way.

"Say, 'Everybody gets down sometimes. We get that you might be thinking that you're under a lot of stress. We want to help you through this rather than allowing you to be isolated and feeling shame,'" Schneider offered.

Three, pay attention. "You're only going to get to those (first) two if you paid attention in the first place that you have a friend, co-worker, (or) colleague who's suffering," he added. "If you're blind to it and not open to paying attention then you're never going to get to that point when you can help them reconnect and manage." Schneider called it 'situational awareness.'

Schneider suggested being as direct as possible when asking an individual if they're suicidal. "If the thought crosses your mind, (and you're) thinking about somebody's safety, you should address that," Schneider said. "Do it as directly as possible — if they are thinking it, that's an opportunity to help save someone."

Army Chaplain (Maj.) Denise Hagler, who heads the prevention effort agreed, and reviewed the three steps to suicide intervention taught during suicide prevention training held at Walter Reed Bethesda three times each month.

"We go by the acronym of A-C-E," the chaplain explained, beginning with the letter 'A'. Ask the question directly, 'Are you thinking of killing yourself?' The individual will answer that question directly, Hagler said, "either yes or no."

How do you overcome the fear to ask? She suggested role play or practice to find out how it feels and sounds. "Most of the time people will feel uncomfortable when they try to ask that question, that's why it's important to role play," the chaplain said adding an individual can also overcome the fear by considering it an opportunity to prevent another suicide if they have experienced personal loss.

The 'C' means to "care for that person," she said. Don't use force and be safe, Hagler continued. Try to calm that person down. Listen to them, talk to



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See **SUICIDE** page 7



# Air Force Celebrates 67 Years of Service



Photo by Mass Communication Specialist 2nd Class Chris Krucke

During Walter Reed Bethesda's morning colors on Sept. 18, the command wished the Air Force a happy 67th birthday. From left to right: Walter Reed Bethesda Director Brig. Gen. Jeffrey Clark, Senior Airman William Geyer, Command Chief Master Sergeant of the 79th Medical Wing at Joint Base Andrews, Air Force Chief Master Sgt. Michelle Thorsteinson-Richards, and Command Master Chief Tyrone Willis.

**By Sarah Marshall**  
WRNMMC Public Affairs  
staff writer

For nearly seven decades, the Air Force has been a major element of our nation's defense. Committed to integrity and excellence, the service celebrated its 67th birthday on Sept. 18.

To celebrate at Walter Reed Bethesda, staff wished the Air Force happy birthday during morning colors, singing the Air Force song, and gathering for a traditional cake cutting.

"It is our Air Force, and our Air Force is the premier air power in the entire world," said Brig. Gen. Jeffrey Clark, director of the Walter Reed National Military Medical Center (WRNMMC). "What better way to celebrate the birthday of our Air Force than here together as one team, in conjunction with honoring our colors."

Clark then read an excerpt from the Airmen's Creed: I am faithful to a proud heritage, a tradition of honor, and a lega-

cy of valor ... I will not falter, I will not fail.

"We too have a proud heritage, a proud heritage of service, of ensuring patient friendly access to high quality health care, for all that we are privileged to serve," Clark said. "We serve heroes, service members and their families, our retirees and their families."

With a mission to serve those who serve, he added, "We will not falter, we will not fail."

The general was followed by guest speaker Air Force Chief Master Sgt. Michelle Thorsteinson-Richards, the command chief master sergeant of the 79th Medical Wing at Joint Base Andrews. She is the principal advisor to the wing commander on all enlisted matters. With more than 2,000 personnel, the 79th Medical Wing is the single medical voice for planning and implementing Air Force and joint solutions within the National Capital Region.

A medic by trade, the chief

See **AIR FORCE** page 10

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\*Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook* report on Information Security Analysts (Job Outlook, 2012-2022). Published Date: Jan. 8, 2014.

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Photo by Master-at-Arms 2nd Class Sarah Perelli

The NSAB Auxiliary Security Force graduated a new class of ASF personnel during a ceremony Sept. 19.

SPRAY

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weapons range with a pistol and shotgun, Sangriu said.

After graduating from the training course, ASF personnel generally work 16 hours of gate duty and participate in eight hours of training per month in addition to their regular duties. Many service members do it for the advantage it offers during the evaluation process,

Sangriu continued.

“Just about everybody says that they enjoyed the course and they are glad they were able to experience it. We let them have fun, but we teach them in a practical way that makes sense,” Sangriu added.

The next ASF academy is scheduled for October. Sangriu encouraged those interested to complete their packages and return them as soon as possible. For more information about future academies, contact Sangriu at 301-319-2558 or visit the security office in the basement of Building 17.

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# Nine Sailors Pinned Chief Petty Officers at Walter Reed Bethesda



Photo by Bernard S. Little

**Nine Sailors earned the gold fouled anchor and advanced to the rank of chief petty officer during a Sept. 16 ceremony at Walter Reed National Military Medical Center (WRNMMC).**

**By Bernard S. Little**  
WRNMMC Public  
Affairs staff writer

Sept. 16 marked a special day for nine Sailors who earned the gold fouled anchor and advanced to the rank of chief petty officer during a ceremony at Walter Reed National Military Medical Center (WRNMMC).

Among the 121st class of chief petty officers to join the Chiefs Mess, following a long legacy of senior enlisted leadership, the Sailors advanced came from various commands within the National Capital Area. They were pinned to the mission, often the backbone of that mission." He then challenged the new chiefs to successfully fulfill their leadership and mentorship responsibilities, and concluded with an enthusiastic, "Chiefs, you know what needs to be done; go out and do it!"

Walter Reed Bethesda Director Brig. Gen. (Dr.) Jeffrey B. Clark gave opening remarks at the ceremony, telling the new chiefs, "I need your leadership," and quoting from the Chief Petty Officer's

Creed, saying, "The chief petty officer plays an integral role in the training, mentorship and the development of our people." The general also recognized the dedication and sacrifices of service members' families, saying, "There is no greater patriot than the family of an American service member."

Vice Adm. (Dr.) Matthew L. Nathan, the 37th Surgeon General of the Navy, attended the ceremony and praised the multi-service representation at the event. He stated, "A senior enlisted leader of any service, at any level, is paramount to the mission, often the backbone of that mission." He then challenged the new chiefs to successfully fulfill their leadership and mentorship responsibilities, and concluded with an enthusiastic, "Chiefs, you know what needs to be done; go out and do it!"

"There's nothing stronger than the Chiefs Mess," added guest speaker at the pinning, Command Master Chief Terry Prince. The senior enlisted advisor for the Defense Health Agency, Prince credited the Chiefs Mess for assisting him during a difficult



Photo by Mass Communication Specialist 2nd Class Christopher Krucke

**Chief-select Andrea Prendergrast (right) has her gold fouled anchors pinned on her uniform by her children Alexander and Adanae under the watchful eye of Senior Chief Petty Officer Theresa Frazier (left).**

period in his life.

"It's challenging to be a chief petty officer," Prince continued. "If you're doing it right, it's the most difficult job in the Navy. Sailors demand and expect your leadership, and frankly, they deserve it. To deliver the goods 100 percent of the time, all the time, is a very challenging thing."

"Leadership is about doing things when situations

are bad; anyone can lead when situations are optimal," Prince continued. "I owe it to all of you to be the best possible chief I can be, and that's what I demand and expect from all of you, especially the new chiefs," he concluded.

The chief pinning ceremony is the culmination of a six-week intense training program to prepare selected Sailors for their new responsibilities as senior

noncommissioned officers. The manner of promotion to the rank of chief in the Navy is a unique process compared to the other branches in the armed forces, said Master Chief Paul Loomis, senior enlisted leader for the Directorate of Clinical Support Services at WRNMMC. He explained while in the Army, Air Force and the Marine Corps, an E-6 is promoted to E-7; in the

Navy, each eligible Sailor for chief is required to be selected by a ranking and selection board composed of master chiefs who actively choose the future leadership from the most capable Sailors, considering both their aptitude as technical experts and ability as leaders.

The chief petty officer rank was established for the Navy on April 1, 1893. Prior to 1958, chief petty officer was the highest enlisted rank in the Navy, but this changed on May 20, 1958, with the establishment of the pay grades of E-8 and E-9 in all five branches of the U.S. armed forces. In the Navy, the E-8 pay grade is the senior chief petty officer and the E-9 pay grade is master chief petty officer.

"The Navy is unique in that it confers much more authority and responsibility on the chief while demanding more performance and results," Loomis said. "Even the uniform is changed. The chief is required to be a fountain of wisdom, an ambassador of good will and an authority on personal relations as well as a technical expert."



# Navy to honor Gold Star Mother's and Family's Day, launch support program

By Shawn Miller  
NDW Public Affairs

Naval Support Activity Bethesda (NSAB) will join the nation Sept. 28 in commemorating the sacrifices of Gold Star mothers and family members – those who have lost a loved one in service to the country – during Gold Star Mother's and Family's Day.

The "Gold Star" name derives from service flags displayed by families with deployed loved ones, with a gold star replacing the blue star amid the white field to represent and honor those family members who have died while serving. In 1936, Congress designated the last Sunday every September as a day to honor Gold Star mothers and families, and each year the president issues a proclamation recognizing the event.

A copy of the proclamation will be on display at NSAB's Warrior Café on Sept. 28, alongside an information table about Gold Star mothers and families, and will be displayed for a few days. NSAB's Fleet and Family Support Center will also have an outreach table set up Friday, Sept. 26 at the NSAB Navy Ex-



U.S. Navy photo by Mass Communication Specialist Seaman Iain L. Stratton

**In support of family members who have lost a loved one in service to the country, the Navy is preparing to launch the Navy Gold Star program, Oct. 1. The program is designed to provide long-term assistance through counseling and support groups, as well as employment and education services, and keep those Gold Star members within the Navy family.**

change from 10 a.m. to 2 p.m.

In addition to commemorating Gold Star Mother's and Family's Day Sunday, the Navy is preparing to launch the Navy Gold Star (NGS) program, Oct. 1, with a goal of developing a comprehensive survivor assistance program for families of the fallen. NSAB is currently the only military base throughout Naval District Washington

to have its own Gold Star coordinator.

"The Navy Gold Star program will strive to ensure that all Gold Star family members receive the assistance and support needed while fulfilling the Navy's promise of lasting support," said Pamela Valliere, NGS regional coordinator for Naval District Washington.

The mission of the program,

being run by Commander, Navy Installations Command, is to provide long-term care and support to ensure Gold Star members are not forgotten and can remain a part of the Navy family as long as they wish, Valliere added.

Individuals eligible to join the program include parents, widows or widowers, and next-of-kin including children, siblings,

half-siblings, half- and step-children, and children through adoption. NGS coordinators, spread across the continental United States and Hawaii, will help connect Gold Star family members with counseling and support groups, employment and education services, chaplain's care, and a variety of other assistance efforts.

"Most importantly, NGS coordinators will provide survivors with safe and compassionate support through a very difficult time," Valliere said. "In addition to coordinators, the NGS program will connect survivors with personal financial counselors that can provide education on budgeting and investing. Financial counselors are committed to assisting survivors in creating a solid foundation for financial success."

Elsewhere in the National Capital Region, the national American Gold Star Mothers organization is participating in a Sunday service at the National Cathedral, and will lay a wreath at the Tomb of the Unknown at Arlington National Cemetery following the service.

To learn more about the Gold Star program at NSAB, contact Patsy Jackson at 301-319-4087.

## PLAN

Continued from pg. 1

When preparing for a blackout, you should build an emergency kit and make a family communications plan. Follow energy conservation measures to keep the use of electricity as low as possible, which can help power companies avoid imposing rolling blackouts. Fill plastic containers with water and place them in the refrigerator and freezer if there's room. Leave about an inch of space inside each one, because water expands as it freezes. This chilled or frozen water will help keep food cold during a temporary power outage. Be aware that most medication that requires refrigeration can be kept in a closed refrigerator for several hours without a problem. If unsure, check with your physician or pharmacist. Keep your car tank at least half full. Know where the manual release lever of your electric garage door is located and how to operate it. Keep a key to your house with you if you regularly use the garage as the primary means of entering

your home, in case the garage door will not open. ATMs also require electricity so keep some emergency cash in a safe place.

In preparing for a possible house fire, create and practice a fire escape plan. In the event of a fire, remember that every second counts, so you and your family must always be prepared. Escape plans help you get out of your home quickly. Twice each year, practice your home fire escape plan. Some tips to consider when preparing this plan include, find two ways to get out of each room. If the primary way is blocked by fire or smoke, you will need a second way out. A secondary route might be a window onto a neighboring roof or a collapsible ladder for escape from upper story windows. Only purchase collapsible ladders evaluated by a nationally recognized laboratory. Make sure that windows are not stuck, screens can be taken out quickly and security bars can be properly opened. Practice feeling your way out of the house in the dark or with your eyes closed. Windows and doors with security bars must have quick release devices to allow them

to be opened immediately in an emergency. Make sure everyone in the family understands and practices how to properly operate and open locked or barred doors and windows. Also, teach children not to hide from firefighters.

When preparing for a winter storm, add rock salt or more environmentally safe products to melt ice on walkways (sand will also improve traction) to your emergency kit. Snow shovels and other snow removal equipment like a snow blower will be good to have on hand. If heating fuel is your way of heating your home, make sure to have a sufficient amount for your back up plan. You may become isolated in your home and regular fuel sources may be cut off. Store a good supply of dry, seasoned wood for your fireplace or wood-burning stove. Have adequate clothing and blankets to keep you warm.

Make a family communications plan. Your family may not be together when disaster strikes, so it is important to know how you will contact one another, how you will get back together and what you will do in case of an emergency. Free smart phone

apps, such as those available from FEMA, the American Red Cross and the Maryland Emergency Management Agency, provide information about finding shelters, providing first aid and seeking assistance for recovery. Try to minimize travel. If travel is necessary, keep a disaster supplies kit in your vehicle. Bring pets/companion animals inside during winter weather. Move other animals or livestock to sheltered areas with non-frozen drinking water.

The more prepared we are, the less stressful the event will be. If you still have questions or concerns about disaster preparedness, the following individuals are available to assist: American Red Cross, Marin Reynes, 301-295-1538, located in Bldg. 8, 2nd Floor, Room 2189; Fleet and Family Support Center, Anna Rhodes, 301-319-4087, located on the 1st floor of Bldg. 11; Command Emergency Management team or the NSAB Emergency Manager, Ronald Kunz, 301-295-2219, located in Bldg. 11, Room 210.

Remember – the goal is to "Be Disaster Aware, Take Action to Prepare."

## SUICIDE

Continued from pg. 3

them. Hear their story; listen to what's bothering them, so that they know that somebody cares. She instructed to remove any item that they might use to hurt themselves.

The third step in suicide intervention is 'E.' "Escort them to the nearest facility that can help them, the nearest person that can help them like the chain of command, chaplain, behavioral health, the primary care provider, emergency department, police – anyone that can help them from there," Hagler said, adding that the suicidal individual should not be left alone at any time.

"We hope to have the right kind of environment here where people can find their supervisor helpful in that situation," Schneider said. Service members can also find help by calling the Military Crisis Line at 1-800-273-8255 and pressing '1'. The crisis line is also available by cell phone text by dialing 838255. Military One Source is another resource for help at 1-800-342-9647.



# September is Prostate Cancer Awareness Month

**By Bernard S. Little**  
WRNMMC Public  
Affairs staff writer

In 2014, more than 233,000 men will be diagnosed with prostate cancer, making it the second most common new cancer diagnosed following breast cancer, which has more than 235,000 diagnoses this year, according to the American Cancer Society (ACS).

Also this year, more than 29,000 men will succumb to prostate cancer, the ACS reports.

"After lung cancer, prostate cancer is the second leading cause of cancer-related deaths among men in the United States. One in six men over their lifetime will develop prostate cancer," says retired Army Col. (Dr.) Jane L. Hudak, a nurse and pa-

tient educator for the Center for Prostate Disease Research (CPDR) at Walter Reed National Military Medical Center (WRNMMC). The CPDR is a component of the John P. Murtha Cancer Center at WRNMMC.

"They are fathers, brothers, and sons..." President Barack Obama indicates in his September 2014 proclamation for National Pros-

tate Cancer Awareness Month.

"During National Prostate Cancer Awareness Month, we honor all those whose lives have been touched by this disease, and we renew our commitment to reducing its devastating impact through more effective prevention, detection, and treatment," the president continued.

"Since the mid-1990s,

the mortality rate for prostate cancer has fallen, but too many men — an estimated 29,000 this year — will die from this disease, and even more are at risk," Obama added. "Increased awareness can help these men make informed choices about their health. While the exact causes of prostate cancer remain unknown, medical research has identified well-established risk factors with which men should be familiar, including age, family history, and race. I encourage all men, especially those at higher risk, to talk with their doctors about how prostate cancer could affect them."

Hudak said all men have the potential risk of developing prostate cancer sometime in their lifetime. "It can occur in men of all ages, but it occurs more frequently in men over 50, and is most common in men over 65."

In addition, she stated men who have a family history of prostate cancer are more likely to develop the disease than other men, particularly if it is a first-degree relative, such as father, brother, or if there are two first-degree relatives with prostate cancer.

"Also, if the family member's prostate cancer was diagnosed at an early age, such as before age 60, the likelihood of a man developing prostate cancer at an early age is also increased," Hudak continued.

"African-American men are at increased risk of developing prostate cancer," Hudak added. "In fact, African-American men have the highest rate of prostate cancer, [and] the reason is not known."

Army Lt. Col. (Dr.) Inger Rosner, the director of urologic oncology and CPDR associate director at WRNMMC, explained detection for prostate cancer is by a digital rectal exam (DRE) and a blood test for "PSA" or prostate specific antigen. The PSA test mea-

sures the level of PSA in the blood, a substance produced by the normal prostate but in higher levels by most prostate tumors. All men have some PSA in their blood, but an elevated PSA does not necessarily mean that a man has prostate cancer.

"With early risk assessment and detection of prostate cancer, we are diagnosing prostate cancer in its earliest stages," Rosner said. Prior to the use of PSA testing, 21 percent of newly diagnosed men had prostate cancer that had spread beyond the prostate (metastatic) and 68 percent of men had tumors confined to the prostate. Today, only four percent of men have metastatic disease and more than 90 percent of men have tumors confined to the prostate.

In most cases, men with early prostate cancer have no symptoms. This explains the importance of the PSA blood test and DRE. The National Cancer Institute (NCI) advises men to consult their physician if they notice a need to urinate frequently, especially at night; difficulty starting or stopping urination; painful or burning urination; difficulty having an erection; painful ejaculation; blood in the urine or semen; or frequent pain and stiffness in the lower back, hips or upper thighs.

Any of these symptoms can be caused by cancer or by other, less serious conditions, according to the NCI.

For men who are diagnosed with prostate cancer, the CPDR at Walter Reed Bethesda conducts a comprehensive, team-focused, patient-centered Multi-Disciplinary Prostate Cancer Clinic, Hudak explained. This is a forum of education and multiple physician consultations which provides men and their families with information about their prostate can-

See **CANCER** page 9

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# CANCER

Continued from pg. 8

cer so they can make an informed decision on the best treatment for them, if treatment is required. Treatment for prostate cancer can take a number of different forms depending on the patient's clinical presentation, consultation with his urologist and stage of the cancer.

Retired Col. (Dr.) David McLeod, CPDR director, explained forms of treatment for prostate cancer confined to the prostate may include: active surveillance, surgery, radiation, cryotherapy (freezing the cancer cells) and High Intensity Focused Ultrasound (HIFU). Hormone therapy may also be used in conjunction with radiation and as a treatment option for more advanced disease found to be outside the prostate.

McLeod and Rosner agree that although a healthy diet and lifestyle, which includes regular exercise, may be helpful in reducing men's chances of developing prostate cancer, awareness of their individual prostate cancer risk is important.

Based on the current American Urological Association 2013 Guidelines, it is recommended that screening be offered to men ages 55 to 69. Men younger than 55 or older than 69 who are

worried about their personal risk factors should talk with their physician to determine whether they should be screened for prostate cancer. Men who are at risk for prostate cancer or men who have any concerns are encouraged to talk with their physician, regardless of age.

"I was diagnosed at (the former) Walter Reed (Army Medical Center) with prostate cancer in 2009, had surgery and the prostate was removed," explained Harold Hanson, a retired Army lieutenant colonel and prostate cancer survivor. "They found some of my lymph nodes were positive, and I went through radiation and hormone therapy for two years. That all finished in 2012. I'm fine now and like to help [the CPDR] out.

"The care here (at Walter Reed Bethesda) is fantastic," Hanson added. "It wasn't just the medical part; there was the counseling, (and) support groups with patients who went through what I was going through. They coach you, counsel you and mentor you in how to take advantage of what's offered and how to take care of yourself, and that's a great asset."

Appointments for screenings are available Monday through Friday during normal duty hours (7 a.m. to 4:30 p.m.) at the CPDR at Walter Reed Bethesda. A referral is not required. For an appointment or information, call 301-319-2900.

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# AIR FORCE

Continued from pg. 4

master sergeant expressed her love for the service that has “given so much” and has changed her life in so many ways, she said.

She asked the crowd: how do you say “Happy Birthday” to an armed service that employs 332,524 active duty personnel, 71,200 reservists, more than 185,000 civilians, as well as 106,700 in the Air National Guard? She said she could offer a rendition of the service’s history, tracing its origins back to the Army Air Corps. During the 1920s, the Air Corps fell under the Army Air Forces, part of the larger U.S. Army. The Air Corps had a combat role in the Army, until it was dissolved by the National Security Act of 1947, creating the Air Force on Sept. 18, 1947. Today, the service branch reaches globally in all dimensions: land, sea, air and space.

More important than the history and what the organization is capable of, is “what it stands for,” Thorsteinson-Rich-

ards said.

“My Air Force stands for ideals – ideals that spark a fire in the professionalism of the people it employs, all of them past and present,” she said. “It’s the ideals that propel them to accept risk and to ensure privation. It’s the ideals that allow them to be ready, willing and able to sacrifice everything.”

She went on to give an example of how these ideals have distinguished the service branch through history, telling the story of Col. Gail Halvorsen, a command pilot more commonly known as the “Candy Bomber.” During the Berlin Airlift in 1948, living conditions were tough and food was scarce for many German families. Halvorsen began dropping candy attached to parachutes to children, an act dubbed “Operation Little Vittles,” she said. It sparked similar effects from other crews and gained wide spread attention.

“As a wave of public support led to donations, by the end of the Airlift, around 25 crews had dropped 23 tons of chocolate and chewing gum,” she said.

The effectiveness of air power comes directly from the

innovation of our airmen, she continued. Though it might seem natural to define the Air Force in terms of air craft, missiles and satellites, in reality, she said the service’s unmatched capabilities exist because of the imagination, innovation and dedication of our airmen.

Her final thought to her fellow airmen: “We are lucky to be employed in the best equipped most capable and most technologically advanced Air Force on the planet. What our Air Force has it cannot buy, it has airmen who believe whole heartedly in the mission they are assigned,” she said. “They know from time to time, the Air Force needs them to forego the creature comforts of life and endure hardship, so that others may enjoy the blessings of liberty. Our airmen know to place service before self, 24/7, 365 days a year.”

She concluded, “Without the dedication of airmen, the Air Force wouldn’t have survived one year, let alone 67 years... Happy 67th birthday to the United States Air Force and may you enjoy many more to come.”

## Did You Know?


- On April 26, 1948, the Air Force announced a policy of racial integration – the first service to do so – well before President Harry Truman’s Executive Order on equal opportunity in July 1948.
- On April 1, 1954, President Dwight D. Eisenhower signed into law a bill creating the United States Air Force Academy.
- On July 20, 1969, USAF Lt. Col. Michael Collins remained in orbit as astronaut Neil Armstrong took the first steps on the moon.
- On Sept. 1, 1975, USAF Gen. Daniel “Chappie” James, Jr., became the first black officer to achieve four-star rank in the U.S. military.
- On June 10, 1989, Capt. Jacquelyn S. Parker became the first female pilot to graduate from the Air Force Test Pilot School at Edwards AFB, California.
- On Jan. 13, 1993, USAF Maj. Susan Helms, flying aboard space shuttle Endeavour, became the first U.S. military woman in space.
- On Aug. 22, 2002, Operation Provide Hope began – the largest single U.S. humanitarian assistance medical project for Uzbekistan since the nation’s independence. USAF cargo aircraft began the airlift of vital medicines and supplies.

(Source: U.S. Air Force official website)

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